

**CITY OF BURLINGTON
DEPARTMENT OF
RECREATION AND PARKS
SOCCER REGISTRATION
FALL 2005 AND SPRING 2006**

REGISTRATION FEES(PER SEASON) - (Until July 1, 2005)
 \$ 15.00 – 1st child, \$12.00 - 2nd child, \$10.00 – 3rd child - RESIDENTS
 \$ 45.00 – 1st child, \$40.00 – 2nd child, \$35.00 – 3rd child - NON-RESIDENTS
 FEES AFTER JULY 1, 2005 \$ 22.00 Burlington City Residents
 \$ 65.00 Non-Residents

This fee must be paid when you register.

Deadline: July 1, 2005 – NO REFUNDS AFTER AUGUST 26, 2005

THE LEAGUE SET UP IS AS FOLLOWS:

TO BE ELIGIBLE FOR FALL SOCCER (2005), A CHILD MUST TURN 4 YEARS OLD BY SEPTEMBER 9, 2005.

BIDDY LEAGUE	THOSE WHO ARE NOT 6 BEFORE AUGUST 1, 2005
GIRLS AND BOYS PEE WEE	THOSE WHO ARE NOT 8 BEFORE AUGUST 1, 2005
GIRLS AND BOYS MITE	THOSE WHO ARE NOT 10 BEFORE AUGUST 1, 2005
GIRLS AND BOYS MIDGET	THOSE WHO ARE NOT 12 BEFORE AUGUST 1, 2005
GIRLS AND BOYS INTERMEDIATE	THOSE WHO ARE NOT 15 BEFORE AUGUST 1, 2005
GIRLS AND BOYS JUNIOR/ SENIOR	THOSE WHO ARE NOT 19 BEFORE AUGUST 1, 2005

*****THE RECREATION AND PARKS DEPARTMENT RESERVES THE RIGHT TO ADJUST THE ABOVE AGE GROUPINGS IF THERE ARE NOT ENOUGH PARTICIPANTS IN A PARTICULAR AGE GROUP SO EVERYONE IS OFFERED THE CHANCE TO PLAY*****

CHILD'S NAME: _____ MALE/FEMALE: _____

ADDRESS: _____

HOME PHONE NUMBER: _____ BIRTH DATE: (MONTH/DAY/YEAR) _____

HAS YOUR CHILD PLAYED ANY SOCCER WITH US BEFORE? YES _____ NO _____

IF YES PLEASE LIST THE YEAR, SEASON (FALL OR SPRING)AND TEAM _____

ELEMENTARY SCHOOL DISTRICT YOUR CHILD LIVES IN: _____

TEAM REQUESTED: (NOT GUARANTEED) _____

LEAGUE DESIRED: _____
 (IF REQUESTED TO PLAY IN A HIGHER LEAGUE A CHANGE OF LEAGUE REQUEST FORM MUST BE FILLED OUT)

FALL SEASON _____ SPRING SEASON _____ BOTH SEASONS _____ (PLEASE CHECK)

IF SIGNING UP FOR BOTH SEASONS REGISTRATION FEES ARE DOUBLE:

CITY - \$30.00-1ST CHILD, \$24.00-2ND CHILD, \$20.00-3RD CHILD NON-CITY \$90.00-1ST CHILD, \$80.00-2ND CHILD, \$70.00-3RD CHILD

Will Parent coach or assist in coaching a team? Yes _____ No _____ Please indicate head or assistant

and what the team name and league is: _____

Please indicate any physical conditions of the participant that the coach should be aware of: _____

Parents' or Guardians' Names: (Please print) _____

By signing below you agree to hold harmless the City of Burlington for any physical injuries your child may incur while playing recreational soccer. You agree that soccer is a strenuous activity in which accidents may happen.

Parents' or Guardians' Signature: _____

*IMPROVE YOUR GAME WITH **REC PLUS**, THE BURLINGTON REC. DEPT.'S **NEW SOCCER SKILLS PROGRAM**. RECEIVE WEEKLY TRAINING BY COACHES & PLAYERS FROM ELON UNIVERSITY AND THE BURLINGTON SOCCER CLUB. OPEN TO ALL AGES. EIGHT WEEKS FOR ONLY \$40. SIGN ME UP! YES _____ NO _____ (MAKE SEPERATE CHECK PAYABLE TO REC PLUS)

-----FOR OFFICE USE ONLY-----

FEE PAID \$ _____

BIRTH DATE VERIFIED (Y/N) _____